



Civil Society Scaling-up Nutrition in Nigeria

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Report on the Nutrition Advocacy Workshop for Civil Society Organizations held at Bolton White Hotel, 8th – 11th September 2015.

Introduction:

The CS-SUNN was awarded the Multi- Partner Trust Fund grant to “**Mobilize and Strengthen Civil Society Organizations to scale up Nutrition in Nigeria**”, in August 2015. CS-SUNN flagged off the MPTF grant by convening a 4 day Nutrition Advocacy learning event, from 8 -11th September, 2015, at the Bolton White Hotel, Abuja. The Nutrition Advocacy event featured a Policy Dialogue on the first day, followed by the Nutrition Advocacy workshop for 34 participants that represented various Civil Society Organizations from the Federal Capital Territory (FCT) and CS-SUNN Local Working Group (LWG) Coordinators from 9 states. The states were: Adamawa, Anambra, Akwa Ibom, Delta, Enugu, Gombe, Kwara , Lagos and Sokoto.

Objectives of the 4 day event were:

- To enable a multi-stakeholder Policy dialogue towards supporting the implementation of the NSPAN with especial focus on maternal and child nutrition.
- To review national /state level data and strengthen civil society capacity to utilize data for Evidenced based Advocacy;
- To build capacity of participants on nutrition priorities, advocacy and networking skills for improved nutrition outcomes at state/LGA /Community levels.

Highlights of Day 1:

The first day of the 4 day event featured the Policy Dialogue on Maternal and Child Nutrition and the opening of Nutrition Advocacy workshop.

A. Policy Dialogue on Maternal and Child Nutrition:

Civil Society Scaling-Up Nutrition in Nigeria (CS-SUNN) in collaboration with the Federal Ministry of Health, convened a Policy Dialogue with the theme “**Investments in Maternal nutrition and Infant and Young Child Feeding in Nigeria-critical bridges for sustainable national development**” on 8th September , 2015, at the Bolton White Hotel, Abuja. A highlight of the event was the public presentation of the National Strategic Plan of Action for Nutrition (NSPAN, 2014-2019) by Mr. Linus Awute, Permanent Secretary, Federal Ministry of Health (FMOH).

The objectives of the Policy Dialogue were:

- To create awareness among key stakeholders on the burden of malnutrition in Nigeria.
- To familiarize key stakeholders on the relevant government policies and plans that address malnutrition and related issues, and their expected roles and responsibilities
- To identify opportunities as well as potential barriers and challenges to the implementation of these policies and plans especially at sub-national levels and recommend practical steps towards resolving them

- To reach a consensus on how to respond to the nutritional needs of women and children, agree on the way forward and next steps.

The Policy Dialogue attracted high-level participation: 139 people attended with representation as follows: 55 from Government and Partners, 65 from Civil Society Organizations and 19 from the media. Key presentations were made on “Drivers of Malnutrition in Nigeria” by Dr. Arjan De Wagt (Chief of Nutrition, UNICEF, Nigeria) and “Mainstreaming Nutrition into Agriculture” by Dr. Victor Ajjeroh (Federal Ministry of Agric and Rural Development).

The robust contributions from stakeholders during the dialogue were coordinated by Dr. Chris Isokpunwu, Claire Adelabu – Abdulrazak and Bola Kusemiju.

Key action points and way forward included:

- ❖ APHPN and other Partners committed to sponsor legislation that will support approval of maternity leave extension to six months at the Federal / States levels.
- ❖ Government and Private Partners should endorse ten working days paternity leave.
- ❖ Nutrition should be given its prime place by implementation of the NSPAN
- ❖ Nutrition education should be included in churches, mosques and other social institutions.
- ❖ Nutrition sensitive programs should be promoted in Agriculture, Education and other sectors to compliment other health sector driven initiative.
- ❖ Promotion of Behavioral Change Communication that will improve nutrition practices.
- ❖ Participants advocated that the reviewed National Food and Nutrition Policy (NFNP) 2014 should be finalized urgently, endorsed and disseminated.

Conclusion: The Policy Dialogue was successful as planned objectives were achieved and stakeholders were mobilized to scale up nutrition in their spheres of influence. The CS-SUNN team gives all the glory to God Almighty for the giant steps taken.

B. Opening of the Nutrition Advocacy learning event.

The CS-SUNN Network Coordinator, Dr. Philippa Momah welcomed the 34 participants and appreciated their honoring the invitation. There was self introduction by all participants with sharing of expectations from the workshop. The participants were introduced to the Scaling Up Nutrition global movement and the CS-SUNN call to action to Civil Society Organizations which were:

- To advocate for the domestication and implementation of the National Strategic Plan of Action on Nutrition (NSPAN), in accordance with the 2014 57th National Council on Health’s conclusions.
- To create awareness on the silent crisis of Malnutrition in their respective states;
- To advocate for the scale up of interventions to improve Maternal and Child nutrition at all levels;
- To support /undertake researches that will promote maternal and child nutrition in Nigeria;
- To establish Volunteer Local Working Groups to implement nutrition action in underserved areas.

The first day of the learning event ended at 5pm with a take home assignment for the Local Working Groups as follows:

- All Local Working Groups are to come along with a one pager note on their Organization’s profile- who they are? What they do and where they are located?
- The current malnutritional status of women and children in the current states.
- What could be done to move and improve nutrition in their various states?

Highlights of Day 2:

Participants were divided into 3 working groups for the learning event. A Pre – test was carried out. Presentations were made as follows:

A. Using data for evidence based advocacy by Mr. Bola Kusemiju

The Learning objectives were:

- To use data to inform the CS-SUNN Advocacy Programming Approaches/ Strategies
- Discuss the potential implications of the key findings for advocacy programming
- To highlight the summary of key findings on malnutrition in Nigeria from NDHS (2013) and National Nutrition and Health Survey (NNHS) 2014.

Key points raised were:

- The NPHCDA is the principal institution responsible for seeing that nutritional deficiencies are directly addressed by health workers in communities across Nigeria
- Most state ministries of health have nutrition units for coordinating all nutrition activities in the state and CSOs should leverage on the structures.
- Nigeria adopted the Maternal, New born and Child Health (MNCH) Strategy in March 2007 including improving nutrition, maternal and child health, and infant and young child feeding (IYCF) practices.
- The goal of evidence based advocacy is to bring about a desired change.

B. Nigeria Context: commitments, state of progress by Ngozi. S. Onuora.

The learning objectives were:

- To have a clear understanding of the burden of malnutrition in Nigeria
- To identify the impact of poor nutrition in the development of the child within the critical first 1000 days of life – from conception to age 2 years.
- To identify Nigeria Commitment and state of progress on maternal nutrition and Infant and Young Child Feeding (IYCF).

Key points:

- The intergenerational transfer of under nutrition begins with the poor nutritional status of women, both and during pregnancy and the cycle continues down to the child after birth thereby producing a malnourished child.
- The 1000 day period- from the start of a woman's pregnancy until her child's second birthday is a critical window of opportunity towards averting malnutrition in children. The effects of under nutrition during this period are often irreversible.
- CS-SUNN advocacies asks to various stakeholders include:
 1. **Media:** to provide focused and strategic coverage of nutrition interventions in Nigeria;
 2. **Private sectors:** to support policy implementation through the development of low cost, nutritious complementary foods and fortification of staple foods.
 3. **CSOs/NGOs:** to advocate for the implementation of maternal and child nutrition interventions and also promote sustained community health education on nutrition.

Questions raised and addressed:

- How can CSOs engage government and policy makers to be accountable to the cause?
- What commitments has government made towards improving nutrition in Nigeria?

C. Nigerian Nutrition Champion by Mr. Sunday Okoronkwo.

The Learning objectives:

- How to identify possible advocacy champions
- To develop a plan of recruiting and providing them with the tools/support to be effective nutrition advocates.

Key points:

- A champion is somebody who defends, supports, or promotes a person or cause or an influential political leader, senior personnel in health or agriculture, or other authority figure that may support nutrition advocacy by using his or her expertise and professional contacts within his or her sphere of influence to facilitate communication of specific messages and advocacy initiatives or even influence decisions.
- There is need to identify people that will push the required change
- Champions should be recruited based on their passion for the cause.

Contributions:

Dr Ndu contributed that cultural heads and religious groups play a very vital role as a nutrition advocacy champion. She gave an example of a retired nutritionist who established a community based school feeding program for about 500 children by engaging the mothers of the children to prepare the meals. The platform provided opportunity for the mothers to learn how to make nutritious meals for their children.

D. Presentations by the Local Working Group (LWG) Coordinators. :

The LWG coordinators from Anambra State, Akwa Ibom, Delta, FCT, Enugu, Gombe made presentations on their organization's current practises and achievements so far towards advancing and improving nutrition in their various states.

E. Advocacy key principles by Dr. Momah

The learning objectives were that participants were to :

- Understand the basic principles of Advocacy;
 - Understand the role of Civil Societies in the Scaling Up Nutrition Movement
 - Share their experience in advocacy, learn about the context in other states and reflect on their own challenges, achievements and future goals.

Key CSOs roles include:

- To build the network and support the formation and sustainable running of strong, credible and influential national Coalition.
- To harmonise advocacy messages for nutrition to remain a priority on national agenda.
- To facilitate capacity building of members of the Coalition so as to contribute to effective multi-stakeholder, multi-sectorial, multi-level efforts towards scaling up nutrition.
- CSOs can source funds if they align and harmonize their work plans with that of government and donors.
- Participants should key into government's timelines to be effective.
- LWG Coordinators were to develop an action plan and the appropriate advocacy tools and tactics suitable for them to achieve a result-based advocacy.

F. Community of Practice and Coalition Building by Mr. Sunday Okoronkwo

Participants were asked to define coalition building and community of practice so as to engage them to know what it is all about. He emphasized that organizations gain more achievements when they work

as a coalition and therefore admonished participants to build coalitions amongst themselves within their various states in order to achieve better results in addressing malnutrition in their states.

G. The meeting ended with a take home assignment for the various groups.

They were asked to come with a list of intended critical advocacy activities that will enable them accomplish the “asks” on the CS-SUNN factsheets and to come up with strategies on how they intend to expand and build more networks across various CSO’s and NGO’s in their various states.

Highlights of Day 3:

Group Feedback on Day 1 & 2: The various groups were called up on to give a short presentation on the highlights of the events so far and what they are taking back to their various states.

Group 2: started the presentation by identifying the need for the implementation of the health sector component of the NSPAN document in each state. They also stated that as compared to Ghana, Nigerians have to do a lot better to increase their indices on Exclusive breast feeding from 17%. The group identified the importance of coalition building amongst partners and stakeholders in order to eradicate malnutrition in Nigeria. They also stated that an action plan needs to be drawn up as a next step so as to carry out advocacy in their various states and move the agenda forward.

Group 1: The group discussed the availability of resources to tackle malnutrition, how to identify champions and stake holders and how to use evidence based data to carry out advocacy. They also emphasized that Nigeria can tackle malnutrition and stressed the urgent need of an action plan for the various states

Group 3: narrated that the main highlights during the policy dialogue event were on the best practices on exclusive breastfeeding, the need for the extension of maternity leave to 6months in their various states as applicable in Lagos state, initiating a ten day paternity leave and the need to operationalise the health sector component of the NSPAN document in the various states. They stressed the need to use evidence based data on nutrition to convince policy makers and influence decision making as well as the need for the expansion of networks by coalition building with partners from different sectors for the same purpose.

Mr. Bolaji Kusemiju asked that the various groups do a research on the lists of available local nutritious foods found in their various states.

Summary on Understanding the Advocacy Process by Dr. Momah

Dr. Momah in her presentation talked about how we can develop clear objectives in addressing and identifying challenges, and maximizing opportunities. She displayed a cartoon picture on power play and asked participants to give their suggestions from what they see from the picture. This brought about some of the challenges of power play which are: marginalization, non-inclusiveness, and communication gap. She emphasized that a good advocate should put all that into consideration while carrying out an advocacy. She further stated that it is important to identify a stakeholder, a decision maker; their interests, their influence and their involvements in a decision making process within our various states. All these, she said are crucial details that should be put into consideration while carrying out a power analysis.

On the advocacy cycle, Dr. Momah reviewed the various steps in carrying out an advocacy. She said that for advocacy to be carried out on nutrition, first, the issue at hand has to be identified which is that maternal and child under nutrition is unacceptable especially during the 1000 day window. Also, the key advocacy asks should be emphasized. The advocacy cycle requires that the issue, goal, objectives and target audience must be clearly stated. Other important steps includes: Message development, communication channels, building support (allies) and fund raising.

Comments/Questions

- What powerful advocacy tools were used in Lagos state that worked for them in respect to extending maternity leave to six months?.

GROUP PRESENTATIONS:

Group 1: started off by presenting their advocacy objectives which includes the expansion of networks through partnering with National Association of Nigerian Nurses and Midwives (NANNM), traditional birth attendance (TBA), State/ National Primary Health Care Development Agency (S/NPHCDA), Market Women Association, Nigerian union of Journalists, Nigerian union of Teachers and Farmers association/co-operatives. They stated that their activities will cover three rural local governments in the State, one from each senatorial zone. The reason is due to the prevalence of malnutrition is higher in the rural than the urban. Other advocacy activities include to partner with NUJ so as to publish 2 nutrition articles in a month; air health talk for 10 minutes in a week on causes and prevention of malnutrition; work with the health workers in PHC; to mobilize one town hall meeting (using ward) in a month in the selected LG; liaise with the Local Government -Agric department on educating farmers in each chosen local government bi-monthly on locally nutritive foods; train the Traditional Birth Attendants (TBA) on early initiation of exclusive breastfeeding and maternal nutrition; work with SPHCDA and nutrition unit of SMOH to ensure PHC workers implement NSPAN at the PHC level; provide supportive supervision, monitoring and evaluation, the NUT, Market women, and will be used to promote sustained community health education on nutrition, NANNM,NUT, MWAN APHPN and other members of the coalition to pay advocacy visit to the state house committee on Health , the coalition through the SMOH pay similar advocacy visit to the Governor on the need to extend the maternity leave to 6 months using data and this visit will be paid within the next 3 months.

GROUP 2: Group 2 advocacy objectives were to:

- advocate for the extension of maternity leave for 6 months for the first two deliveries;
- identify key actors as champions, to identify CSOs;
- prepare a list of locally available resources (food) in specific /target locality,
- determine the prevalence of malnutrition among under-fives and the determinants of malnutrition in their practice areas.

The Group's proposed activities included: meeting the Permanent Secretary, Ministry of Health, Commissioner of Health, Legislators and the Governor, identification of champions (Traditional leaders, Captains of industry, key influential leaders); collaborating with CSOs to carry out advocacy campaigns to extend maternity leave to 6 months; carry out outreach programs in selected target communities; nutrition education and food demonstration, and baseline survey to determine the prevalence of malnutrition among under-fives and the determinants of malnutrition in the practice area.

GROUP 3 : Group 3 presented their advocacy objectives and activities which included:

1. Identifying the advocacy champions at the LGA and state levels
2. Advocate for budgetary allocations and timely release of funds for IYCF at the LGA and state levels through advocacy visits to the director of budget and planning, director of admin of finance, governors, State Legislature, Local Government Chairmen, NGOs and private organizations.
3. Ensure six months maternity leave for mothers for the first 2 deliveries and the strategy for this implementation is through advocacy to the state house of assembly at the state level.
4. To provide focus and strategic media coverage of the important health interventions in the state through the media houses, print and electronic media by weekly airing of nutrition interventions and monthly publishing of nutrition information at the state and LGA level.

5. To support implementation through the government of low cost nutritious complementary foods and fortification of staple foods through micro nutrient deficiency control by procurement and distribution of micro nutrient powders and behavioral change communication in the community at the state and LGA level
6. Advocating for maternal and child support interventions by conducting advocacy visits to the stake holders at the LGA level
7. To expand the number of the nutrition specific CSO's and LGO's at the state and LGA levels.

The various work plans were strategically analyzed and critiqued. Several suggestions and observations were made on them from various participants so as to draw up a more realistic and achievable work plan for implementation in the various states of the local working groups. It was noted that the indicators for success for the various activities should be taken into consideration so as to measure achievements.

Summary on Understanding the Policy Process by Mr. Felix Obi

Mr. Obi reviewed the definition of policy which he said are a set of decisions and non-decisions taken by those responsible for a particular policy area. He further reviewed the health sector policy, policy making and policy cycle. He explained in details the policy process which he said is the process by which governments translate their political vision into programmes and actions to bring about a desired change. He further explained policy analysis, evidence-informed policy making, the policy cycle, how to use power to influence a policy process, how power play can be used in decision making and non- decision making and how to identify who has the power. He also talked about how to lobby for your interests to be promoted by the policy makers, how to set up a policy agenda and the definitions of evidence informed health policy making.

Presentation on Nutrition budget analysis and tracking by Mr. Felix Obi

Mr. Felix emphasized the role of budget analysis and budget tracking in advocacy. He defined budget as an estimate of government revenue and expenditure within a specified period usually one year. He said that every budget has a cycle and key stages in the budget cycle. He emphasized that every government has a policy agenda and this agenda helps in budgeting for the year. He listed the key stages in the budget cycle which includes the budget formulation, budget approval, budget execution and budget oversight. He stated that for a budget to be drafted, proper brainstorming and proper costing of every policy you are advocating for should be carried out

He further talked about the process by which a health budget is formulated, approved and released. He stated that the health sector has an insignificant percentage on the budget allocation (with the least money set out for nutrition sensitive issues) as compared to other sectors whereas, it is the worst affected; reasons being that health issues are not properly addressed or seen as key issue by the government. He stressed that while advocating for budgetary allocations, evidence based data as well as tangible benefits evidence should be used as strong points to buttress their arguments. He talked about budget analysis and how it can impact our lives. He stressed that we as citizens should be interested in knowing how our budgets are allocated and spent. He further discussed on the basic analysis for budget advocacy, how we can monitor and track budgets set out for nutrition, which he said could be done by the use of score cards and social audits.

Comments and Questions

- Advocates should come up with a good memo that is based on facts and justification
- Freedom of Information Acts gives every citizen the right and obligation to ask for budgetary allocations and how they are spent.
- Score cards are tools that could also be used in monitoring budgets.

- Important to track government expenditure on nutrition.

Highlights of Day 4

- The 3 groups were asked to anticipate the various challenges they are most likely to encounter during the course of their advocacy visits.
- Concerns raised included:
 - How to start a coalition in places where they don't exist.
 - How to raise funds for town hall meetings to and where to hold them.
- Participants to leverage on existing platform and expand the coalition. On their regular public health meetings held monthly, they could create time to network with all present and pass the message across. Invitations can also be sent to international NGOs and local NGOs such as state nutrition officers in order to gain their interests and work with them. Getting at least 10 different organizations to partner with is a good start.
- On Budgeting and fundraising local government chairmen could be engaged with to provide monetary support to the focal person on nutrition in the various Local government areas.
- There is no need to break the bank when financing town hall meetings and that ordinarily the cost of financing town hall meetings should not be more than N100,000 on the average.
- CS-SUNN will provide financial support of about N100,000 to support town hall meetings and that the Local Government chairmen should be persuaded to provide an acceptable structure for town hall meetings to be held.

SUMMARY ON A PRESENTATION BY DR. MOMAH ON STAKEHOLDERS

Key points were:

1. Identify the primary, and secondary stakeholders in their various environments.
2. Conduct a risk analyses before embarking on a project so as to identify things that could go wrong, how to manage them and to always have an alternate plan
3. Have a positive attitude during project management as this helps in building confidence towards achieving a set out task.
4. Participants should set a timeline for executing any project as this helps in keeping them on track of the deadline of that particular project.

SUMMARY ON THE EPIC Messaging presentation by Dr. Momah:

EPIC stands for Engage, Problem, Inform and Call.

Engage- For Engage she pointed out that is important to know your audience. She also said that the terminologies to be used should be specific for the different audiences.

Problem: While delivering the message, it is critical to state the problem e.g. the problem of malnutrition or why the need for extension of maternity leave .

Inform: Inform on the solution to the problems stated.

Call: Call to action: be specific on what the Opinion Leader, LG chairman, and Governor is to do.

ROLE PLAY FROM THE VARIOUS GROUPS: The groups were asked to develop a role play that will serve as a road map or a guide on their approach towards paying advocacy visits to various policy or decision makers.

Group 1 demonstrated an advocacy visit to the governor; Group 2, to a traditional ruler and Group 3, to a local government chairman. Action Points Drawn from the Various Role Plays:

- Tactics-engage the stakeholder within the host community within the shortest possible time, i.e. get his attention within the first one minute as they usually have a short attention span.
- Proper channel/ protocol for communication should be followed to avoid unnecessarily distraction during visit.
- Ensure to greet properly and respectfully.
- On maternity leave, give a graphic introductory sentence and specific examples e.g. Lagos state already giving 6months maternity leave.
- leave a poster/flier behind i.e. IEC materials when leaving the stakeholder
- It is important to introduce yourselves while discussing at the visit.
- Messages should be framed and addressed in a subtle and sensitive way, not too harsh.
- Engage the young people positively.
- It is important to know your foes, allies and distracters before the visit.
- It is important to avoid non-inclusiveness by communicating in a language that is understood by all.
- Bring up the benefits to the stakeholders before discussing other issues.

Next Steps: Key Activities for the LWG Action Plan

1. Establish the multi- Stakeholder Local Working Group, hold regular meetings and give bi-monthly reports.
2. Carry out advocacy visits and meetings
3. Hold 1State level Policy Dialogue and 1 Town hall meeting to share information, build consensus on implementation of NSPAN and inform advocacy.
4. Carry out a Baseline Knowledge Attitude Perception and Practice (KAPP) survey if funds available.

CLOSING: The Nutrition Advocacy event ended with the appreciation of the participants for their full involvement during the workshop and closing prayers.

Workshop Evaluation

At the training, participants were given pre-tests, post-tests and workshop evaluation forms to complete. The analysis of the pre- and post -tests showed that participants were knowledgeable on the state of malnutrition in Nigeria and all could identify the contributory cause of deaths of children under-five in Nigeria. On knowledge of advocacy, 93% of the respondents could define advocacy and were able to differentiate advocacy from other communication strategies

Participants evaluated the workshop as follows:

- the workshop had sensitized them on the need to work together to improve nutrition situation in Nigeria,
- had increased their advocacy skills and given them a better understanding of the challenge of malnutrition in order to carry out advocacy activities.
- the most effective aspects of the workshop were the sessions on advocacy, using data for advocacy, budgeting and policy analysis, and the role of CSOs in nutrition advocacy.
- Participants rated Workshop facilitation to be good and interactive. They emphasized that the session summaries were very helpful, the use of role play to clearly explain some points, take back assignments and group work were also very helpful.
- The course work was crowded with too much information to share but too little time.

- On learning and collaboration, participants agreed that they have learnt how to work with groups at the community level to achieve their goals and to work with policy makers in the states. They also stated that they are able to identify 'like-minded' groups and network before embarking on advocacy visits and as such, work with these groups to scale up nutrition in the states.
- During the workshops, the feedback session helped participants to reinforce learning by making participants recall information; the plenary sessions at the end of everyday reinforced the learning experience, without intimidation.

Conclusion: CS-SUNN's leveraging on existing structures in the states and engaging with professional associations and other CSOs through partnerships and coalition building on the MPTF project, has been effective. Participants at the training were members of AHPN, Nutrition Society of Nigeria, Women in New Nigeria, FOMWAN, Medical Women Association of Nigeria, Women in Nutrition and other CSOs.

The workshop was deemed successful as participants were able to motivate themselves to work together and utilize their areas of competences in nutrition advocacy, in preparation for their roles as members of the Local Working Group (LWG) at the states level.

CS- SUNN appreciates the FMOH, SUN Global, UNICEF and Coalition Partners for the support that contributed to the success of the 4 day event.

Attached

- Workshop agenda
- Attendance
- Photographs
- Power point presentations/ training manual